Form Approved - OMB No. 0560-0237 (See Page 4 for Nondiscrimination, Privacy Act and Paperwork Reduction Act Statements)

FSA-2301

(03-08-12)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

CULCET FOR VOLITUL OAN

REQUEST FOR YOUTH LOAN						
PART A - APPLICANT INFORMATION 1. EXACT FULL LEGAL NAME	2. ADDRESS					
1. EXACT OLE LEGALIVAIVE	Z. ADDICES					
3. COUNTY OF PROJECT						
4. SOCIAL SECURITY NUMBER	TY NUMBER 5. BIRTH DATE 6. TELEPHONE					
7. MARITAL STATUS: MARRIED UNMARRIED SEPARATED (INCLUDING SINGLE, DIVORCED, AND WIDOWED) 8. AMOUNT OF LOAN REQUEST \$						
9. Are you a citizen of the United States? If "NO", appropriate documentation must be submitted for a United States non-citizen national, or a qualified alien under applicable Federal immigration laws.					NO	
10. Have you ever obtained a direct or guaranteed f	arm loan from the Farm Service Agency (FS	SA)?				
11. Are you delinquent on any Federal debt or do yo	ou have any outstanding Federal judgments	? If "YES", provide de	etails in Item 17.			
12. Have you ever had any FSA direct or guarantee charge-off, adjustment, reduction, or bankruptcy		f, debt settlement, con	mpromise, write-down,			
13. Are you currently employed? If "YES", provide of is full or part-time in Item 17.	employer's name, address, phone number, a	amount of annual inco	ome, and if employment			
14. Are you an FSA employee or are you related to	or closely associated with any FSA employe	ee? If "YES", explain	in Item 17.			
15. Are you an active member of FFA, 4-H or other	agriculture related organizations? If "YES",	provide name of orga	anization in Item 17.			
16. Are you a Veteran?						
18. BRIEF DESCRIPTION OF PROJECT. (Beginning) VOLUNTARY INFORMATION	g date of project, name of organization and projec	ct plans.)				
VOLUNTARY INFORMATION VOLUNTARY INFORMATION FOR MONITORING PURPO FSA's compliance with Federal laws prohibiting discrim Failure to complete this information may result in you n evaluating your application or to discriminate against yo observer identification. (*This data is requested for 19A. *ETHNICITY 19B. *RACE (Choose as m	ination against loan applicants. You are not re ot receiving access to targeted funds for whicl ou in any way. If you do not furnish it, FSA is re statistical purposes only. One or more le	equired to furnish this i n you may have been e equired to note your ra	information, but are enco ligible. This information ace, ethnicity and gender	uraged to do will not be us on the basis	sed in s of	
American Indian or		her Pacific Islander				
Hispanic or Latino Not Hispanic or Latino □ Asian □ Black or African-Am	☐ White erican		☐ Male ☐	Provided Observed		

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ANNUAL INCOME AND EXPENSES			
20. INCOME:			
A. DESCRIPTION:			B. \$ Amount
		21. Total:	
22. EXPENSES:			
A. DESCRIPTION:			B. \$ Amount
			,
		23. Total:	
		24. Annual Total Income from Item 21:	
		25. Annual Total Expenses from Item 23: (-)	
26	6. Annual Amo	ount of Payments Due (Including this loan): (-)	
27. E	Inding Cash B	alance (Subtract Item 25 and Item 26 from Item 24):	
ASSETS AND DEBTS			
28. ASSETS:		30. DEBTS:	
A. DESCRIPTION:	B. \$ Amount	A. DESCRIPTION:	B. \$ Amount
29. TOTAL ASSETS:		31. TOTAL DEBTS:	
32. Total Assets from Item 29:			
33. Total Debts from Item 31: (-)			
		34. Net Worth (Subtract Item 33 from Item 32):	
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35. SPECIAL PROGRAM INFORMATION

Certain FSA programs are, by law, designed to reach targeted applicants. If you are interested in the program described below, or have questions about this program and whether you may qualify for this program, the FSA office processing your application will help you.

SOCIALLY DISADVANTAGED APPLICANTS: A portion of FSA farm ownership and operating loan funds are, by law, targeted to applicants who have been subjected to racial, ethnic or gender prejudice because of their identity as a member of a group, without regard to individual qualities. Under the applicable law, groups meeting this condition are: American Indians/Alaskan Natives, Asians, Blacks/African Americans, Native Hawaiians/Other Pacific Islanders, Hispanics, and Woman.

36. GENERAL INFORMATION

- A. RIGHT TO FINANCIAL PRIVACY ACT OF 1978 (TITLE XI, 1113(h) OF PUB. L. 95-630): FSA has a right of access to financial records held by financial institutions in connection with providing assistance to you, as well as collecting on loans made to you or guaranteed by the government. Financial records involving your transaction will be available to FSA without further notice or authorization but will not be disclosed or released by this institution to another government Agency or Department without your consent except as required by law.
- B. THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT prohibits creditors from discriminating against borrowers on the basis of race, color, religion, sex, national origin, marital status, age (provided the borrower has the capacity to enter into a binding contract), because all or a part of the borrower's income derives from any public assistance program, or because the borrower has in good faith exercised any right under the Consumer Credit Protection Act.
- C. FEDERAL COLLECTION POLICIES: Delinquencies, defaults, foreclosures and abuses of mortgage loans involving programs of the Federal Government can be costly and detrimental to your credit, now and in the future. The mortgage lender in this transaction, its agents and assigns as well as the Federal Government, its agencies, agents and assigns, are authorized to take any and all of the following actions in the event loan payments become delinquent on the mortgaged loan described in the attached application: (1) Report your name and account information to a credit bureau, (2) Assess additional interest and penalty charges for the period of time that payment is not made, (3) Assess charges to cover additional administrative costs incurred by the Government to service your account, (4) Offset amounts owed to you under other Federal programs; (5) Refer your account to a private attorney, collection agency or mortgage servicing agency to collect the amount due, foreclose the mortgage, sell the property and seek judgment against you for any deficiency; (6) Refer your account to the Department of Justice for litigation; (7) If you are a current or retired Federal employee, take action to offset your salary, or civil service retirement benefits; (8) Refer your debt to the Department of the Treasury for cross-servicing and offset against any amount owed to you by any Federal Agency, such as an income tax refund; and (9) Report any resulting written-off debt to the Internal Revenue Service as taxable income. All of these actions can and will be used to recover debts owed to the Federal Government, when in its best interests.

37. CERTIFICATIONS

A. ABUSE OF CONTROLLED SUBSTANCES

I certify that as an individual, or as a member of an entity, I have not been convicted under Federal or State law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance within the previous 5 crop years. See the Food Security Act of 1985 (Pub. L. 99-198). I also certify that as an individual, or as a member of an entity, I am not ineligible for Federal benefits based on a conviction for the distribution of controlled substances or any offense involving the possession of a controlled substance under 21 U.S.C. § 862.

B. PERMISSION TO FILE A FINANCING STATEMENT

Under the Uniform Commercial Code, you do not have to sign the financing statement which allows FSA to obtain a security interest in your property. If the loan is approved and funded, FSA will file a financing statement at the earliest possible date, **before you enter into a SECURITY AGREEMENT. BY SIGNING BELOW I GIVE FSA PERMISSION TO FILE A FINANCING STATEMENT PRIOR TO THE EXECUTION OF THE SECURITY AGREEMENT AS WELL AS TO FILE AMENDMENTS AND CONTINUATIONS OF THE FINANCING STATEMENT THEREAFTER.**

C. DISQUALIFICATION DUE TO FEDERAL CROP INSURANCE FRAUD:

The applicant certifies that as an individual or any member of the entity, has not been disqualified for Federal benefits as provided in Section 515(h) of the Federal Crop Insurance Act (FCIA). Applicants who willfully and intentionally provide false or inaccurate information to the Federal Crop Insurance Corporation (FCIC) or to an approved insurance provider with respect to a policy or plan of FCIC insurance, after notice and an opportunity for a hearing on the record, will be subject to one or more of the sanctions described in Section 515(h)(3) of FCIA.

D. RESTRICTIONS AND DISCLOSURE OF LOBBYING ACTIVITIES:

- 1. The loan applicant certifies that: if any funds, by or on behalf of the loan applicant, have been or will be paid to any persons for influencing or attempting to influence an officer or employee of any agency, a Member, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or Federal loan, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant or loan, the loan applicant shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- 2. The loan applicant shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including contracts, subcontracts, and subgrants, under grants and loans) and that all subrecipients shall certify and disclosure accordingly.
- 3. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this statement is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required statement shall be subject to a civil penalty,

38. WARNING

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND IS PROVIDED IN GOOD FAITH TO OBTAIN A LOAN. (WARNING: SECTION 1001 OF TITLE 18, UNITED STATES CODE, PROVIDES FOR CRIMINAL PENALTIES TO THOSE WHO PROVIDE FALSE STATEMENTS TO THE GOVERNMENT. IF ANY INFORMATION IS FOUND TO BE FALSE OR INCOMPLETE, SUCH FINDING MAY BE GROUNDS FOR DENIAL OF THE REQUESTED ACTION.)

39A. SIGNATURE	39B. DATE

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	00 00 12)						1 ago + or +
40A. Pr	 PROJECT ADVISOR RECO roject Advisor - I agree to spon wyou plan to assist the applicant, s 	sor the applican	t on this project ar				(Describe
40B. Na	ame			40C. S	Signature		
40D. Pł	none Number			40E. C	Date		
PART C	- PARENT/GUARDIAN REC	OMMENDATIO	N				
	arent/Guardian - I recommend plicant to successful completio						
	pervision, environmental concerns					ras reviewing the plan,	adiry
41B. Na	ame		41C. Signature			41D. Date	
PART D	- FSA US ONLY						
42A. D	ATE FORM FSA-2301 RECEI\	/ED		42B. D	DATE APPLICATION	COMPLETE	
42C. CI	REDIT REPORT FEE	42D. DATE R	ECEIVED		42E. NAME OF A	GENCY OFFICIAL	
\$							
NOTE:	The following statement is made in a identified on this form is the Consoli eligibility and feasibility for loans and other Federal, State, and local gove statute or regulation and/or as described information servicing of loans and loan guarante.	dated Farm and Rura d loan guarantees, au rnment agencies, Tra dibed in the applicabl is voluntary. Howev	al Development Act, as nd servicing of loans an ibal agencies, and nong le Routine Uses identifie ver, failure to furnish the	amended (ad loan guar governmente ed in the Sy requested	(7 U.S.C. 1921 et. seq.). The rantees. The information of all entities that have been a stem of Records Notice for information may result in a	the information will be used collected on this form may l authorized access to the in r USDA/FSA-14, Applicant a denial for loans and loan	I to determine to disclosed to formation by l'Borrower. guarantees, and
	According to the Paperwork Reduction information unless it displays a valid complete this information collection sources, gathering and maintaining	I OMB control number is estimated to avera	er. The valid OMB cont age 30 minutes per resp	rol number oonse, inclu	for this information collection in the time for reviewing	ion is 0560-0237. The time instructions, searching ex	required to isting data

YOUR COUNTY FSA OFFICE.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.